# Facility Inspection Checklist

The Facility Inspection Checklist is designed to assist clubs in correctly identifying and proactively managing and mitigating risks to its members and patrons. Sports clubs owe a duty of care to players, officials, volunteers, and spectators to ensure that the facilities used are as safe as possible.

It is necessary to conduct regular site inspections to ensure that a club’s facilities and their safety procedures remain up to date. Identifying risks before they occur can reduce a club’s exposure to claims for property damage, public liability, personal accident and injury, as well as possible legal action.

The Facility Inspection Checklist provides a basic list of items across key areas of the club environment. Users are encouraged to review the checklist to ensure items are relevant and to make additions where required. It is recommended that the checklist be used every 6-12 months.

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| Facility: |
| Address: |
| Date of Inspection: |
| Inspection Completed By: |
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| **1. Club House / Building** | **Yes** | **No** | **Notes** |
| Building entrances and exits clearly visible, accessible and free from trip or slip hazards and obstructions? |  |  |  |
| Buildings are in a clean and tidy condition and free from debris? |  |  |  |
| All floors are in good, safe condition, free from trip or slip hazards? |  |  |  |
| All stairs are in good, safe condition, free from trip or slip hazards and equipped with adequate handrails and guardrails? |  |  |  |
| Disability access provided to all public areas and buildings in accordance with the Disability Discrimination Act 1992? |  |  |  |
| Emergency exits are correctly marked, clearly visible and accessible? |  |  |  |
| Emergency evacuation plans and routes are clearly displayed in appropriate locations? |  |  |  |
| First aid areas are clearly marked and easily accessible? |  |  |  |
| All exit signage is intact and in good condition? |  |  |  |
| All fire extinguishers are easily accessible and clearly signed and ready for use (e.g. charged with in-date inspection tags attached)? |  |  |  |
| Fire extinguisher locations are marked on evacuation plans? |  |  |  |
| All fire and smoke detectors and alarms tested as recommended and have had their batteries replaced within the last year? |  |  |  |
| Unobstructed access available to all electrical, plumbing, gas and data panels, switch boards, safety switches and circuit breakers? |  |  |  |

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| **2. Change Rooms and Amenities** | **Yes** | **No** | **Notes** |
| Change rooms are clean, secure and private? |  |  |  |
| Female-only change rooms available to members and guests? |  |  |  |
| Change room floors and wet areas are cleaned and sanitised following previous use? |  |  |  |
| All sink, shower and toilet plumbing fixtures in good working order? |  |  |  |
| All toilet and shower doors in good working order and close and lock securely? |  |  |  |
| Sharps disposal containers are locked and secure? |  |  |  |
| Supplies including toilet rolls, hand soap and paper towels suitably stocked and are sanitary bins in good working order and available for use? |  |  |  |
| How many gender specific/neutral bathrooms (toilets) available, i.e. designated male female. Please list. |  |  |  |
| Do Disability bathroom amenities meet guidelines? |  |  |  |

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| **3. Canteen and Surrounding Areas** | **Yes** | **No** | **Notes** |
| All food and drink preparation, storage and serving areas clean and safe and meet relevant food safety specifications and guidelines? |  |  |  |
| BBQ area is free of hazards and gas bottle is fitted securely? |  |  |  |
| External food and beverage provider vans/tents (if applicable) are located in areas safe for public access? |  |  |  |
| Waste disposal bins are a suitable distance from food preparation, storage and serving areas? |  |  |  |
| Is water for refilling personal drink bottles available from a fountain bubbler? If no, what convenient and clean water is available? |  |  |  |
| Is hot water for beverages available from a standalone urn, wall mounted boiler or a plumbed hot/cold water dispenser? If yes, what is used? |  |  |  |

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| **4. Public and Spectator Areas** | **Yes** | **No** | **Notes** |
| Spectator seating in good, safe condition, free from hazards and appropriately located? |  |  |  |
| Grandstands are in good, safe condition, free from hazards and equipped with adequate handrails and guardrails? |  |  |  |
| Disability access provided to all spectator seating areas including grandstands? |  |  |  |
| Adequate shade/weather protection provided for spectators in good, safe condition, free from hazards and appropriately located? |  |  |  |
| ‘No Smoking’ signs installed and clearly visible? |  |  |  |
| If applicable, designated smoking areas provided and clearly marked? |  |  |  |
| Players, coaches and officials can safely access playing areas without interference from spectators? |  |  |  |
| Will the club require barriers to be erected between public areas, i.e., walkways and spectator areas for safety? |  |  |  |
| What seating is currently available for players and spectators? |  |  |  |

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| **5. Playing Surface** | **Yes** | **No** | **Notes** |
| All playing areas comply with relevant specifications (size, line marking)? |  |  |  |
| All line markings are clearly visible. |  |  |  |
| Playing surface is free from obstacles, hazards, and debris? |  |  |  |
| Surface has been appropriately prepared and maintained? |  |  |  |
| Any irrigation fixtures are properly concealed? |  |  |  |
| Perimeter fencing is in good, safe condition, free from any sharp or hazardous protrusions? |  |  |  |
| Where applicable, goal posts/nets are in good condition, safely secured and fitted with padding? |  |  |  |
| Surrounding vegetation (trees, bushes, shrubs) is clear of playing areas? |  |  |  |
| Ground lighting meets relevant specifications and guidelines. |  |  |  |
| What brand of hoops does your club have? (only required for State/National events) |  |  |  |
| Does your club have the accredited ball measurement tool (3 settings)? |  |  |  |
| Does your club have the means to measure the diameter of balls (to identify the largest in a set) and 1/16”, 1/32”and 1/64” feeler gauges to set hoops (only required for State/National events) |  |  |  |

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| **6. Storage** | **Yes** | **No** | **Notes** |
| All equipment is safely stored and kept secure? |  |  |  |
| Any areas with dangerous substances or chemicals (e.g. fuel, pesticides) are clearly marked and appropriately secured? |  |  |  |

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| **7. Car Parking** | **Yes** | **No** | **Notes** |
| Car parking spaces are adequate, of an appropriate size, with clear line marking and with safe access, exit? |  |  |  |
| Car parking areas are appropriately lit? |  |  |  |
| Safe pedestrian access is provided between car parking areas and other areas of the facility? |  |  |  |
| Car park signage is in appropriate locations and clearly visible? |  |  |  |
| Drop-off/set-down are areas clearly marked and kept free and clear of parked vehicles? |  |  |  |
| Emergency vehicle access is available to all areas of the site and emergency vehicle access points are clearly marked? |  |  |  |
| Does your Club have off street parking nearby? If yes, for approximately how many cars? |  |  |  |
| If street parking is available, are Council permits required for an event? |  |  |  |
| Is car parking shared with our clubs or services? |  |  |  |

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| **8. First Aid** | **Yes** | **No** | **Notes** |
| Does the club have a nominated Health and Safety Officer and/or First Aid Officer? |  |  |  |
| Does your club conduct annual Health and Safety Assessments/Audits using a recognized checklist, i.e., Sports Aus, Game Plan, Qld Govt, other (please name)? |  |  |  |
| Does your club have a documented Emergency Policy/Plan/Procedures? |  |  |  |
| Does your club have an accredited First Aid Kit, i.e., Red Cross, St John Ambulance or local chemist/supplier? |  |  |  |
| Is there a dedicated First Aid Area within the clubhouse |  |  |  |
| Is the First Aid Area clearly marked and easily accessible? |  |  |  |
| Is the Health and Safety Officer’s/First Aid Officers first aid and/or CPR accreditation current? |  |  |  |
| If the Health and Safety Officer/First Aid Officer is not available and an incident occurs, is there?   1. a known process within the club to manage the incident and/or; 2. a nominated person to deputise. |  |  |  |
| Does the club have a defibrillator?  - is the defibrillator in good working condition? ie. is it on charge and ready for use.  - are the defibrillator pads and batteries in date?  - are there spare pads and batteries? |  |  |  |
| Have members been trained to use it? |  |  |  |
| Does the club have a schedule for training and updating members about the club’s First Aid process, use of the defibrillator and/or First Aid training? |  |  |  |

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| **8. Action Required** | **Risk Level** | **Action Taken** |
| *<List here any actions from the inspection that the club need attend to as a priority>* | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |
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| **9. Inspection Notes** |
| *<List here any additional notes or information from the facility inspection>* |

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| **10. Club Official** | |
| Name: | Position: |
| Signature: | Date: |

It is recommended that the details from this inspection, in particular any action items, be presented at the first available committee meeting.

This checklist should be retained by the club for a minimum of five years and reviewed at least annually.